

FILED JAN 13 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44069

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 200 Registrar's No. 1237A

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Texas b. COUNTY Hidalgo	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Springfield TOWN Springfield		c. CITY OR TOWN Edinburg	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Osteopathic Hosp.		d. STREET ADDRESS 515 N. 9th Street	
3. NAME OF DECEASED (Type or print) First SIDNEY Middle MONROE Last McMILLAN		4. DATE OF DEATH Month Dec. Day 26 Year 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH Feb. 25, 1892
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Construction	11. BIRTHPLACE (City and state or country) Whitte, Texas
13a. FATHER'S NAME Dr. J.B.F. McMillan		13b. MOTHER'S MAIDEN NAME Sarah M. Butler	14. NAME OF HUSBAND OR WIFE Ida May Thomas
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 500100693	17. INFORMANT Address Mrs. Nina Wampler, Billings, Missouri
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchogenic carcinoma Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) pulmonary edema DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 162X			INTERVAL BETWEEN ONSET AND DEATH 8 years
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY . Hour _____ Month, Day, Year _____ a.m. _____ p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from 12-26-57 to 12-26-57 and last saw her alive on 12-26-57 Death occurred at 7:25 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE A. Smith (Degree or title) 2		22b. ADDRESS Republic Mo	22c. DATE SIGNED 1/6/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/29/1957	23c. NAME OF CEMETERY OR CREMATORY Frazier Cemetery	23d. LOCATION (City, town, or county) Clever, Missouri (State)
24. FUNERAL DIRECTOR Dean Harris ADDRESS Clever, Mo.		25. DATE RECD. BY LOCAL REG. 1-9-58	26. REGISTRAR'S SIGNATURE Edith Williams

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Sean Harris

Licensed Embalmer No. 4390
P. O. Address Clever, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.